FILED JUL 17 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 259 Primary Registration District No. ~~5339~~ 4156 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County De Kalb
(b) City or town Amity (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County De Kalb
(c) City or town Amity (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Lucinda Avery
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 3 (Day) 1864 (Year)
8. AGE: Years 77 Months 2 Days 15 If less than one day hr. min.
9. Birthplace De Kalb County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Evan Whitealer
13. Birthplace U.S.A (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha Moore
15. Birthplace U.S.A (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Meadra Payne
(b) Address Amity Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cem
18. (a) Signature of funeral director Tracy Barry Funeral
(b) Address 218 So 10th St St Jo Mo Home
19. (a) 5-20-41 (Date received local registrar) (b) Ethel H Bower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 41 hour 4th minute a. M.
21. I hereby certify that I attended the deceased from Aug 10, 1937, to May 19, 1941, that I last saw her alive on May 17th, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis Pulmonary & Intestinal	6 yrs
Due to	
Due to TB	
Other conditions Coronary Sclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature W R Reynolds (M.D. or other) DO
Address Maysville Mo Date signed 5/19/41

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.